

Chitty in the *Lancet* for March 29, 1913, cites a case in which 125 grains were taken with recovery.

Wilcox in the *Lancet* for October 25, 1913, has written a very complete article in which he says that the average minimal fatal dose may be considered as 50 grains; however, he says that death has occurred from doses of 15 grains. He reports ten cases which I cite very briefly:

Case 1. Female, age 27. Death in forty-eight hours; quantity unknown.

Case 2. Female, age 60. Death in eight hours. In this case morphine had been taken as well; quantity of veronal taken undetermined.

Case 3. Male, age 54. Death in two hours; twenty grains were taken, but patient had tabes and it is doubtful if drug caused death.

Case 4. Male, age 37. Death in seventy-eight hours; large dose taken but quantity not determined.

Case 5. Female, age 38. Death in thirteen hours; one hundred and twenty-five grains taken.

Case 6. Male, age 39. Death in eighty hours; quantity unknown.

Case 7. Female, age 42. Death in twenty hours; one hundred to one hundred and twenty-five grains taken.

Case 8. Male, age 56. In this case the patient fell twenty feet, suffered a fracture of the sternum and fracture of four ribs; veronal was given; patient died soon afterwards, and at autopsy edema of the lungs was present. Death probably not due to veronal.

Case 9. Male, age 62; fifty-three grains taken with recovery; patient in coma twenty-four hours.

Case 10. Male, age 28. Death in thirty-two hours; over seventy-five grains taken but exact quantity not known.

The results of postmortem examinations, according to Wilcox, are briefly as follows:

Cyanosis after death. There still may be blueness of fingers, lips and face. Marked dilatation of the heart more pronounced in right auricle and ventricle. The great veins are full of blood which is often fluid. The air passages are congested and contain mucous exudation. The lungs show hypostatic congestion and edema with areas of pneumonic consolidation. There are no characteristic changes in the stomach and intestines. The brain and abdominal viscera show marked congestion. The treatment recommended is briefly:

Wash out the stomach and "if patient is seen after six hours the poison will probably have passed on from the stomach into the intestines." Give coffee, milk and eggs through stomach tube. Give one ounce of castor oil. Cardiac stimulation with strychnine, digitalis, camphor and ether as indicated. Normal salt solution subcutaneously or by rectum. Should be given oxygen as indicated. If the patient shows evidences of remaining in coma, rectal feeding should be resorted to.

## BOOK REVIEWS

**Modern Medicine.** By Sir William Osler, Bart., M. D., F. R. S., and Thomas McCrae, M. D. Vol. I.—Bacterial Diseases—Diseases of Doubtful or Unknown Etiology—Non-Bacterial Fungus Infections—The Mycoses. Publishers, Lea & Febiger, Philadelphia. \$5.00.

Volume I of the second edition of Osler's "Modern Medicine" indicates that the rest of the series will be of unusually high character. This volume is well illustrated and while it contains a number of familiar plates, particularly those of Welch and

Schamburg on Smallpox, nevertheless some new plates of commendable quality have been added. The article of McCrae on Typhoid is excellent and the treatment given is dependable. Poynton's contribution on Rheumatic Fever bringing in the more recent conceptions of this disease and indicating its bacterial nature is not only good but it will be found illuminating to anyone puzzled by the unusual clinical course of many patients. It is rather surprising in a work of this kind to see so little said of the use of the Roentgen-Ray in the diagnosis of tuberculosis with so much space given to the probably valuable but less important method of nitrogen gas injection into the pleural cavity. The chapter on Poliomyelitis is distinctly disappointing, giving a very meager idea of the modern conception of the disease, particularly of its abortive types. The splendid article of Councilman upon Smallpox is as good as can be found anywhere. In general, one can say that judging from the first volume the second edition will present all of the advantages of the first and have in addition, most of the new observations of value that have been presented within the last few years.

R. L. W.

**"Meningococcus Meningitis."** By Henry Heiman and Samuel Feldstein, with Introduction by Henry Koplik. Published by J. B. Lippincott & Company, Philadelphia and London. Price \$2.50.

A careful summary of our present knowledge of this disease, based mainly upon a thorough study of the bibliography and upon the observation of a series of 75 cases under 13 years of age in the children's wards of Mt. Sinai Hospital, N. Y. Historical sketches precede several of the main divisions of the book. In discussing epidemiology the importance of healthy carriers is made clear and thus many of the odd ways in which this infection spreads are explained. Invasion occurs doubtless via the naso-pharynx. Thence the organism is probably carried to the meninges by the blood. The symptomatology is best described in dealing with children. With adults the clinical picture is less graphic than that in Sophian's recent monograph. The picture of posterior basic meningitis in infants, however, is excellent. In describing lumbar puncture several important points are clearly brought out, as follows: 1. During the puncture and for 15 minutes thereafter the patient should be closely watched by a competent medical assistant. Respiration may stop without warning; if so, artificial respiration should be started at once. 2. Serum should be injected by the gravity method, not by syringe. 3. General anesthesia is contraindicated save when the patient is otherwise uncontrollable. 4. After introduction of serum the buttocks should be elevated and foot of bed raised to facilitate diffusion of serum towards the head. 5. A clear spinal fluid does not rule out meningococcus meningitis. 25% of cases show clear or slightly opalescent fluid during the first 24 hours. 6. "Dry top" should not be reported until a second needle has been inserted in the next space and sterile saline passed in one needle and out the other, proving the needles to be patent and properly placed. Intraventricular puncture has been performed many times with no apparent ill effects, but so far without ultimate benefit.

H. S. F.

**Materia Medica, Pharmacology, Therapeutics and Prescription Writing.** For Students and Practitioners. By Walter A. Bastedo, Ph. G., M. D., Associate in Pharmacology and Therapeutics at Columbia University. Octavo of 602 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$3.50 net.

Bastedo's treatise is the latest American book

on pharmacology and therefore contains many facts not found in older works. It is written mainly from the clinical point of view and is really applied pharmacology. The applications of pharmacology to therapeutics are conservative and judicial, however there is considerable doubt whether a text-book on pharmacology should be written from the standpoint of practical clinical therapeutics and whether any presentation save from a strictly scientific point of view would encourage students to do independent work in this subject. The author has made numerous attempts to induce students to think logically, but too often statements are given dogmatically.

The chapter on alcohol is a well balanced presentation of the alcohol question and is well worth perusal. Most of the other chapters are unsatisfactory for the students of scientific pharmacology; thus the subject of Epinephrin is poorly presented and through an oversight the amino-group, to which epinephrin owes its activity, is omitted from the formula. One finds no mention of the investigation of Cannon and De La Paz, work which has opened up tremendous possibilities in the pathology of cardio-vascular diseases. The term epinephrin chloride has been used in place of hydrochloride. These terms suggest different chemical conditions. No mention is made of the depressor constituent of the pituitary gland or of the possibility that the activity of the pituitary gland may be due to several constituents. The active constituents of the anthracene purgatives is called emodin, whereas there are a number of emodins. Under anthelmintics there is no mention of the danger of using castor oil after male fern and under calomel no reference is made of the dangers of calomel insufflations when potassium iodide is being used internally. The description of the active principles of digitalis is not up-to-date. Under opium no consideration has been given to the synergistic action of the opium alkaloids and the author even states that the alkaloids of opium, save morphine and codeine have not been isolated. Under ergot, beta-aminazolethylamine or ergamine is not mentioned and the author has used the trade name, tyramine, for paraoxyphenylethylamine, while our Pharmacopeia is endeavoring to discourage such usage. The recent work on lead poisoning by Legge and Goadby has not been considered. Objections can be urged against most of the chapters, no doubt because the author has endeavored to cover too many subjects—Materia Medica, Pharmacology, Therapeutics, Prescription Writing—in a limited space. The general practitioner can read this work with profit because of its attempt to rationalize therapeutics, but the book seems hardly satisfactory as a text-book of pharmacology, at least, for students in advanced medical schools.

A. C.

## SOCIETY REPORT

### PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

During the month of January, the following meetings were held:

#### Medical Section, Tuesday, January 6th, 1914.

1. The Relation of the Employers' Liability Act to the Medical Profession. Will J. French, Industrial Accident Board. Discussed by M. R. Gibbons, Medical Director.

#### General Meeting, Tuesday, January 13th, 1914.

1. Roentgen Rays and Mesothorium in Gynecologic Practice; Report on their Application at Several German University Clinics. (Personal Observations.) Henry Kreutzmann.

2. Intraspinal Treatment of Syphilitic Disorders of the Central Nervous System (Swift & Ellis). Preliminary Report of Cases. P. K. Brown and W. T. Cummins.

Preliminary Report of Tabetic Cases. S. J. Gardner, W. B. Coffey and W. T. Cummins.

#### Surgical Section, Tuesday, January 20th, 1914.

##### 1. Demonstrations:

- (a) Case of Osteoarthritis; (b) Case of Acute Arthritis. Harold Brunn.
- (c) Case of Coccidioidal Granuloma. W. I. Terry.
- (d) Case of Spinal Tumor. Howard Naffziger.
- (e) Arteriovenous Suture in a Dog. Sterling Bunnell.
- (f) Case of Strangulated Undescended Testicle (Specimen). H. B. A. Kugeler.

2. Madelung's Deformity, with Case Demonstration. Howard Adler.

3. Intracranial Pressure. Howard Naffziger. Discussed by H. B. A. Kugeler, Kaspar Pischel and O. Tobriner.

#### Eye, Ear, Nose and Throat Section.

January Meeting: Dr. H. Y. McNaught in the chair.

Two cases were shown by Kaspar Pischel: first, a case of old iritis in which the anterior lens capsule showed whirls of sulci like finger prints; Second, a case of legal importance. The patient claimed that he had always seen well with both eyes, but that the sight of the left eye was destroyed by a piece of steel. The sight in that eye is diminished to counting fingers in the upper field of vision only. The ophthalmoscopic examination does not show any sign of injury but a congenital malformation on the disc.

A case of large marginal corneal ulcer was shown by M. W. Fredrick.

Dr. G. P. Wintermute gave a lantern slide demonstration of the pathology of the ear.

Dr. H. Horn exhibited a healed double Killian and an acute mastoid which had been operated and had not healed. Dr. Horn assumed that the failure to heal was due to tuberculosis.

Dr. H. Y. McNaught exhibited a case of acute labyrinthine degeneration of unknown origin. There was a triple negative Wassermann in a 30-year-old woman and loss of perception for the forks and speech through air and tone coming in suddenly without dizziness. The examination was made two weeks after the original attack and at this time there was an after nystagmus on turning to the right of 35 sec. and on turning to the left of 10 sec. A week following this the after nystagmus was 10 sec. in either direction. The caloric nystagmus was present in either ear, but was sluggish.

Dr. H. B. Graham exhibited a case of tumor of the nose and orbits involving the middle third of the septum, the ethmoids and middle turbinates of both sides, the inner walls of the orbits and the orbital rim of both maxillary bones. There was exophthalmus, circular scotomata, slight papillitis and retinal hemorrhages in both eyes. The tumor was hard and in the nose presented a smooth, pale surface which bled easily. The X-Ray showed no encroachment on the cranial cavity. The diagnosis lay between osteoma, osteosarcoma and endothelioma.

Dr. Graham—Healed Jansen Frontal Sinus and Caldwell-Luc Antrum Case. The patient had been operated in Europe and America a number of times and treated by the usual washings over a period of five years. Dr. Graham removed the inferior wall of the frontal sinus through an external wound and succeeded in removing the whole of the mucous membrane of the sinus and antrum. Since the operation, four months previous, there had been no pus in the nose and but little watery secretion in the first few weeks. The external wound could scarcely be seen.

Dr. Graham—Healed tubercular mastoid and glands of the neck. Case three years of age